## Application for State Board of Education Spanish Language Arts/Reading TEKS Review Committee

## \*\*\*PLEASE COMPLETE BOTH PAGES OF THIS APPLICATION and ATTACH A CURRENT RÉSUMÉ\*\*\*

Use this form to apply to serve on the State Board of Education (SBOE) TEKS review committee. Please provide the information requested below, along with a current résumé, to the Curriculum Division by email at teks@tea.texas.gov or FAX at (512) 463-8057 no later than **April 6. 2015**.

School Dist	trict:	ESC Region:			
	ct/Member*:				
* Please visi	it the following website to determine your SBC	DE district / member: <a href="http://www.fyi.legis.state.tx.us/">http://www.fyi.legis.state.tx.us/</a>			
make n Commi TEKS r make r TEKS r months scope c Commi Commi	ations will be submitted to SBOE members for nominations to committees. TEA will notify all a littee members may be asked to complete an inversion committees will convene in Austin to respect to meet a minute commendations for revisions to the SBOE. The review committees are expected to meet a minute and may be reconvened for additional meeting of the work to be done. The state members may be asked to provide invited the members will be reimbursed for travel, members may be asked to provide invited the members will be reimbursed for travel, members may be asked to provide invited the members will be reimbursed for travel, members will be reimbursed for travel.	eals, and lodging for meetings held in Austin.			
Prefix:	Name:				
Select One:	: □ Educator □ Parent □ Business and Industry Representative □ Employer				
Gender:	□ Male □ Female				
Ethnicity:	<ul><li>☐ American Indian or Alaskan Native</li><li>☐ African American</li><li>☐ White</li></ul>	<ul><li>☐ Asian or Pacific Islander</li><li>☐ Hispanic</li><li>☐ Other</li></ul>			
For Educato	rs:				
Current Posit	ion/Title:				
Subject Area	(s)/Course(s) Taught:				
Grade(s) Tau	ıght:				
Other Subjec	t(s) Certified to Teach:				
For Non-edu	icators:				

Areas of expertise:

Applicant's Work A	Address:					
Name of School/Org	ganization:					
Mailing Address (Str	reet or P.O. Bo	ox):				
City:		_ State:	ZIP	:		
Work Telephone:			Work FAX Number	er:		
Work email address	:					
Applicant's Home	Address:					
Home Mailing Addre	ess (Street or I	P.O. Box):				
City:	Cou	ınty:	State:	ZIP: _		
Home Telephone: _			Home FAX Numb	er:		
Personal email addr	ess:					
Mail:  Additional Informa  Please indicate your		☐ Work or serving on th	Email: □ e following committee	Home □ W		vices only).
		Committee	Options	Rank		
Kindergarten – 2 <sup>nd</sup> grade						
	3 <sup>rd</sup> grade – 6 <sup>th</sup>	grade				
	English For Sp	eakers of Other	Languages (ESOL I-II)			
Do you have experiently lf yes, please descri		curriculum dev	elopment or standard	s writing?	□ Yes	□ No
, , ,						
	•		ess relationship that ynd/or universities, or in		• •	
Résumé Completic	on: □ Yes, I ha	ive attached my	/ current résumé.			

Return this completed form along with your résumé by April 6, 2015.

Via email: teks@tea.texas.gov

**Via FAX**: (512) 463-8057

Via mail: Texas Education Agency

ATTENTION: Jessica Snyder

Curriculum Division

1701 North Congress Avenue, Room 3-121

Austin, Texas 78701

For questions regarding this application or the TEKS review process, please contact Jessica Snyder, Special Projects Manager, at (512) 463-9581.